M	Department of Veterans Affairs
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ACRS TIME SHARING REQUEST FORM

PRIVACY ACT STATEMENT: The information is solicited under authority of Title 38, United States Code and Executive Order 9397 and is necessary to accomplish the action requested by the requester, including establishing, modifying or deleting a Time Sharing Customer Account. Furnishing the information on this for, including your Social Security Number, is voluntary; however, if the information is not furnished, we will be unable to take further action on your request.

NOTE: Information from this form is used to establish a Time Sharing Account.						
1. ACTION REQUESTED (Check only one of the three items) CREATE NEW CUSTOMER MODIFY EXISTI			ODIFY EXISTING CUSTOMER	DELETE EXISTING CUSTOMER		
2. CUSTOMER INFORMATION						
A. NAME B. TIME SHARING CUSTOMER ID C. SOCIAL SECURITY NUMBER						
Enter your name			Leave this blank	Enter your SSN		
D. TELEPHONE NUMBER (Include Area Code)			E. FACILITY (STATION) NUMBER/SUFFIX	F. MAIL ROUTING SYMBOL OR STOP CODE		
Enter your office telephone			OGA	AF users enter: 061 AR and Navy users enter: 062		
G. JOB TITLE				H. SUBSYSTEM APPLICATION FUNCTION CODE (SAFC)		
Enter your job title				26D2		
I. IF FOR CONTRACTOR, OR IF TEMPORARY ACCESS, SHOW EXPIRATION DATE (Month, day, year) J. EMPLOYER (For Contractor or Other Government Organization)						
Leav	e this b	olank	Force			
		(Street, City, State, Zip Code, for Contractor or Other Govern				
Enter Your Office Address Proxy Server Address: Enter Your Proxy Server Address (Contact your System Administrator for the Proxy Server address through which your Internet traffic flows. If there is none at your MTF, enter the IP address of your worksite computer.)						
NOTE: S	See reverse fo	or instructions.				
			3. FUNCTIONAL TASKS			
CHECK APPROPRIATE BOX FUNCTIONAL TASK CODES		FUNCTIONAL TASK CODES	CONCURRING SYSTEM MANAGER OF RECORD (SMR) DESIGNEE SIGNATURE & TITLE (If required)			
ADD	DELETE					
		1NARA84FTP MRS	Check the ADD box if the user will FTP index files			
		1NARA85—MRS Record Order	Check the ADD box if the user is authorized to look up and to ORDER records from the MRS			
		1NARA86—MRS Look-up only	Check the ADD box if the user is <u>only</u> authorized to LOOK UP records on the MRS but may not submit record orders			
			Send the completed form to:			
			National Personnel Records Center			
			Attn: NRPS-Rademacher			
			9700 Page Ave., Room 2076			
			St.	Louis, MO 63132		
			4. SIGNATURES			
Ob	•	ur boss's signature/title	Enter date			
APPROVING OFFICIAL & TITLE Obtain approving official's signature/title				Enter date		
SECOND APPROVING OFFICIAL & TITLE (If required)				DATE		
FACILITY	POINT OF C	ONTACT	DATE			